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GRAMMES AND MILLIGRAMMES

If a graph could be constructed relating the knowledge gained by an individual in doing any new job to the time the job has lasted it would probably be found that the curve is logarithmic. Knowledge is gained at first with enormous speed, but the rate of learning gradually and progressively decreases. That this is no new discovery but simply commonsense makes it the more remarkable that this principle has not been applied to the scheme of house appointments. Most newly qualified men are now able to hold house appointments for only six months before they are drafted into the services. Under the present arrangement they can only hold one house job in that time, which must necessarily be a more or less specialised appointment in Medicine, Surgery or in a still more specialised department. If house appointments, as a war-time measure, were reduced to three months, everyone would be able to hold two jobs at least, and the knowledge gained would be almost doubled, and would also be more balanced in character. The advantages to the individual and ultimately to the nation are clear to see. The only cogent disadvantage would appear to be that housemen in their second three months can be given more responsibility than in the early days of their appointment, although in practice there does not seem to be much difference between the responsibilities accepted by junior and senior housemen.

We are assured by our teachers that medical education proper begins only after qualification. Is not the education of these young hopefuls being grossly neglected?

We are interested to learn that at the McGill medical school students are in turn made to demonstrate and comment upon pathological specimens to the rest of the class. This rather brutal method of exposing ignorance to public mockery if introduced into this less spartan environment would arouse a storm of protest from those colleagues of ours who prefer to keep their light well hidden beneath a bushel. Nevertheless in its principle of making the student consolidate and use the facts he has learnt there is much of value. The pre-war Clinical Evenings of the Abernethian Society provided similar opportunities, although their voluntary character tended to encourage the brilliant exhibitionist rather than the timid backbencher who most needs stimulation. In any future re-organisation of medical education some such scheme as this should play an important part.

In the brief space of a day spent solely in pursuit of his delicate mistress, the mayfly reaches the climax of his career, and before night falls, whether he has loved or lost, his muscles fail, his spirit droops and old age and death have claimed him.

The life of an Editor is longer than the mayfly's short day, but scarcely less strenuous. His nymphal stage is spent in the obscure but honourable labours of the assistant Editor and when he finally emerges into daylight as a mature and fully grown Editor his energies are spent in the hard endeavour of pleasing his coy mistress, the public. Inevitably in nine months or less his editorial arteries begin to harden and his editorial senility begins. At this point if he is wise he will forsake his mistress before she may reject him, and allow a younger and a better man to seek her favours.

Before we end our ephemeral career and sink into a comfortable anonymity, we would thank all those who by their help have made it, if not as carefree as the mayfly's dance, far less arduous than we had mournfully expected, and in particular we would like to mention the incomparable assistant Editor, the Publication Committee and the Censor.

FOR RECENTLY QUALIFIED MEN

By Sir Girling Ball
Dean of the Medical College

Prior to the outbreak of the War a committee, known as the Central Medical War Committee, was set up to consider all questions concerning the supply of medical personnel and all demands for medical personnel arising out of the war, and cognate matters. It is composed of representatives of all branches of the profession and has access to a complete Register, collected by the British Medical Association, of members of the profession, including information relating to their various occupations.

This Committee has been working exceedingly hard in keeping pace with the various demands for medical men and in keeping the Register in order. Further, it has, through its local Committees, made a review of the civilian needs of the country, which is a primary duty, especially in war-time.

The Central Medical War Committee is split up into small committees to deal with the various branches of the profession (specialists, general practitioners and recently-qualified men), some members being on several committees so as to make common action as far as possible. These are among many functions which the Committee fulfils.

The method of dealing with recently-qualified men still does not appear to be adequately known and is set forth here for the information of the men at St. Bartholomew's.

Every medical man under the age of 46 is liable to conscription and is know as an "R" practitioner; he must enter one of the Services when called upon to do so, unless he can show good reason for not joining up, when he may appear before the Central Medical War Committee or, if appealing on grounds of personal hardship, before a Hardship Committee, which is a committee established by the Ministry of Labour and National Service.

The name of a recently-qualified man is entered on the Central Register on the day of his qualification. He must then pursue the following course:—

(1) A period of three months, very occasionally extended, is permitted, during which he must find a post as a Houseman of a Hospital. There is no difficulty in obtaining such posts. If perchance difficulty is experienced, application to the Secretary of the Central Medical War Committee (B.M.A. House, Tavistock Square, W.C.1) will immediately bring forth the necessary advice as to how such may be obtained. If he fails to find a post, one may be found for him by the Committee, not always to his liking.

(2) Under no circumstances must a newly qualified man enter into contract with a practitioner to join him in practice. To both it should be known that he is liable to be called up for service at any moment. Appeals against being called up after entering into such a contract are unlikely to be listened to.

(3) The holding of a "house" post is allowed for six months; during this period the man is known as an "A" practitioner. Up to this date an extension of this office has been allowed, but is no longer permitted owing to the great demand for doctors in the Services. During this period the Central Medical War Committee may be notified by the man himself as to which Service he would like to join. No guarantee will be given that he will obtain his desire as his employment will depend upon vacancies in establishment. Every effort, however, will be made to meet the request. To avoid a gap between the termination of the appointment and entry into the Service, an early notification of the date of readiness for recruitment should be made to the Central Medical War Committee.

(4) Warning is again necessary that a man is not allowed to go into general practice at this stage. If he does, he will most probably be dragged out as soon as his whereabouts are discovered, much to the chagrin of the doctor whom he has joined.

(5) Automatically, notification to join up will be received as soon as the house appointment is finished.

(6) A few "A" practitioners are allowed to go on for a second period of six months in a "B.2" post, at the end of which the same machinery will come into action.

(7) A still smaller number of men are allowed to pass on to a "B.1" post, to be held by those who are essential for the service of a hospital, such as Medical and Surgical Registrars. In a Teaching School such a post may be held for two years, and in

other hospitals for one year, but these periods are not fixed. The length of time that they may be held depends upon the needs of the moment.

Thus, the first step which a newly qualified man should take is to obtain an "A" post, which will be found in most hospitals. A "B.2" post or a "B.1." post may be obtained, both of which are relatively few in number, but the majority will be expected to go straight into the Services. When applying for these various posts, care should be taken to know which type of post is held; they are advertised under the headings mentioned.

If still in difficulty, application should be made to the Dean or the Warden of the College, who will be ready to give instructions.

ABERNETHIAN SOCIETY

The Abernethian Society, inspired by thoughts of spring, staged a highly successful Brains Trust in the A.R. on March 31st. The intrepid members were Dr. Scowen, Dr. Discombe, Mr. J. A. Smith, Mr. J. G. Stewart, Mr. Mann and Mr. Carus Wilson (who at the last minute with great gallantry deputised for an absentee), with Mr. Michael Harmer as Question-master.

The meeting was opened by Mr. A. G. S. Bailey, President. Chief honours in the ensuing frolicsome proceedings went undoubtedly to the Question-master, who directed the performance with a wit and dexterity never yet surpassed by the B.B.C. Dr. Scowen's omniscience was not as much in evidence as had been expected, and Dr. Discombe, described by Mr. Harmer as part-compiler of an encyclopædia, seemed a trifle subdued. Mr. Smith was always ready with apposite and entertaining answers, while Mr. Mann though entertaining was not always apposite. Mr. Carus Wilson had some very sound observations to make on the admission of women to medical schools, and Mr. Stewart (with a history of nine years in the Merchant Navy) was a faithful reproduction of the Commander.

Eleven questions were dealt with in three-quarters of an hour, ranging from the origins of modern clothing to the causes of yawning. Much merriment was provoked by the question on the relationship of dogs and disease, particularly when Mr. Stewart, as a rejoinder to Mr. Carus Wilson's suggestion that dogs should be confined to the country, ingenuously enquired where to draw the line. Another stimulating problem was whether a woman whose left fourth finger had been amputated could get married. The questioner has since told me that he never intended his query to be facetious but wished in all seriousness to know how the religious solemnisation is performed in such baffling circumstances. Perhaps an answer can be furnished in the correspondence column of the Journal.

The Abernethian Society intends to hold another Brains Trust, if possible with the co-operation of the nursing staff. G.

We congratulate the Abernethian Society on its welcome resurrection and on the most attractive programme of lectures arranged for this summer.

Meetings this year are to be held on the dates given below. The time-of-day fixed—6 p.m.—has been chosen with a particular eye to the convenience of people at Cambridge, Hill End and Friern, who will, it is hoped, welcome these opportunities of visiting the Mother Hospital and taking part in the corporate life of one of the most ancient Medical Societies in London.

May 21st (Thursday) at 6 p.m.

Professor J. Chassar Moir, M.D., F.R.C.S., Ed., F.R.C.O.G., Nuffield Professor of Obstetrics and Gynæcology in the University of Oxford. *Subject*: "Ruminations."

July 23rd (Thursday) at 6 p.m.

Professor H. P. Himsworth, M.D., F.R.C.P., Director of the Medical Unit, University College Hospital. *Subject*: "Diabetes—Human and Experimental."

September 17th and November 19th.—To be arranged.

Full details of each meeting will be made public as the date draws near.

Copies of the Index to Volume II. of the War Edition of the Journal may be obtained free from the Journal Office.

All contributions for June must be in the JOURNAL Office by May the 7th.

NOTES FROM DOWN UNDER

By Lt.-Col. H. M. Moran, R.A.M.C.

I remember presenting a letter of introduction to Anthony Bowlby sometime in 1909.

He said "Australia?"—"Oh, there was a surgeon from there I met in South Africa, a man who knew what he wanted to do, and did it." It was a generous tribute to Alexander MacCormick whose fame has remained too much limited to Australia because he never wrote.

After this Bowlby took me into the operating theatre and I remained a witness for some hours of his energetic surgery. It was in the days before technique came to play so prominent a part in the operation. He had no narrow prejudices against sepsis.

In Sydney, as a student, prior to this I had seen MacCormick operate without gloves after preparing his hands by severe scourings in strong chemicals. When first cotton and later rubber gloves came into use they were adopted to protect the surgeon, not the patient.

But that is an oft told tale.

Even in the last war I recall a London surgeon who was not unduly fastidious. At Aldershot he was very kindly assisting me with an operation which, as my senior, he had permitted me to do, when in the middle of it he thrust his gloved hand under his gown into his trousers pocket and pulled out a well-used khaki handkerchief with which he proceeded to blow his nose. Let it be said he courteously turned away from the wound as he did it. Then loftily, and with supreme faith, he rinsed the guilty member in a bowl of some coloured fluid nearby.

Post-graduate work in London before the Four Years' War was a rich experience. There were medical personalities great and picturesque in many of the hospitals. Am I wrong in suggesting that striking personalities are fewer?

Since we were from outside, "outsiders" as a notoriously frank London surgeon of nautical temperament once called us—we visited them all. It was before the days when an importunate usher would pluck you by the sleeve and ask you if you had taken out the hospital ticket. Americans used to flock over in great numbers and combine a vacation wth inexpensive medical re-furbishing. At the London, Hurry Fenwick didn't like them. They called him "doctor" and cited the wonder-working achievements of Ixe at Arkansas . . .

London Hospital was then a stronghold of Ruby football. Monteith had finished his great career but Mehafty, Heale, Lindsay, Palmer, McEwen, MacPherson, Adams were all great players in their team—yet Guy's beat them in the final if I remember rightly. Bart.'s was then in the doldrums of sport. Such is the comradeship of sport these Rugby players warned me as they shepherded me into Fenwick's operating theatre.

The great attraction at the moment was a new fangled instrument he pushed into the bladder, and which by a series of lenses uncovered the previously hidden mysteries of bladder pathology.

Fenwick had evolved a technique for the too active exhibitionist from the gallery. He would call him down and say "Look through the eye piece. On the right side you will note the trabeculae and to the left a small papilloma . . ." The American could see nothing, but before his colleagues in the theatre he dared not publicly admit it. "Beau-ti-ful, beau-ti-ful demonstration, Doctor!" he would exclaim fervently. Then Fenwick would intervene acidly, "Oh, I beg your pardon, I've forgotten to switch on the current." The visitor would then retire to his place amid the titters of the students who with ill-concealed mirth had awaited the denouement. After that, London Hospital would know him no more.

At Middlesex there was John Bland Sutton with his pungent Cockneyisms. He would slash into the abdominal cavity with his first incision. "Don't you ever cut bowel, Doctor?" enquired an amazed trans-Atlantic visitor. "Why, of course," replied Bland Sutton, with a twinkle in his eyes, as if surprised at such a question, "but I always sew it up again."

At Guy's there was Arbuthnot Lane putting screws into long lengths of metal by means of a screw-driver, an industrious mechanic at his human bench.

Both Guy's and London Rugby teams were captained that year by New Zealanders. London's captain died of pneumonia towards the end of the last war but Stringer who captained Guy's is still practising in New Zealand.

I pose again the question—and it is an excellent subject for argument in your columns—Are there not fewer vividly individual characters in English Medicine to-day? Is there not a decay of personality in all our race?

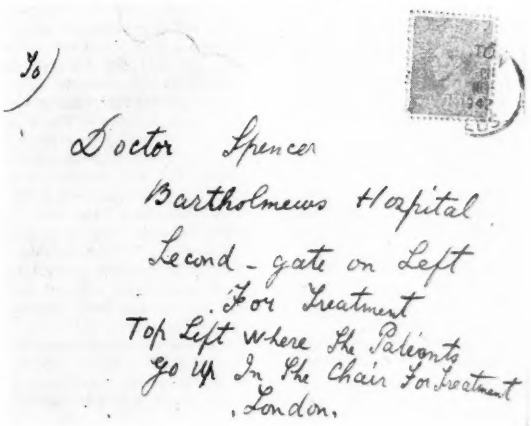
The Samuel Gees are few. In Australia during the first years of this century we medical students had all heard of Gee and knew some

at least of his aphorisms. Long before we had seen them we had heard stories of Barker at University College (sedulously using his little sewing machine and practising the new "fad" of injecting stovaine into the spinal canal), of Tommy Openshaw and Jimmy Sherren at the London, of Charlie Cathcart in Edinburgh and of MacArdle in Dublin.

Since then Australia has contributed to the staff of not a few London Hospitals and has given its Dunhill to Bart.'s.

In this war one meets Bart.'s men at every turn in the R.A.M.C. I have no doubt they are represented among the medical men who have given all, and they are surely to be found in the prison camps of our enemies. It has surprised me that so little homage has been paid to the loyal devotion to duty of the members of the R.A.M.C. in this war. Their example shines the brighter by comparison with the conduct of some of their medical colleagues in other countries who left their patients to the solicitude of the oncoming foes. The Officers of the R.A.M.C. in all sectors of war stayed captive to duty, beside the injured and the sick, and with them went into captivity to share the penalties of their heroism.

FROM A CORRESPONDENT . . . .



INTRACRANIAL ANEURYSM

By Tom Rowntree.

Two patients suffering from basal intracranial aneurysm were recently in the wards of the Neurosurgical Unit at Hill End Hospital under the care of Mr. J. E. A. O'Connell. Their histories are of interest with regard particularly to the diagnosis and to the complications.

The first patient was a sapper of 29, who had been well apart from infrequent headaches until one month before his admission to Hill End on June 30th, 1941. At the end of May he woke up one morning feeling perfectly well; then, while dressing, he experienced suddenly a severe shooting pain in the right temporal region, which was associated with profuse right-sided lachrymation. After a short time, the pain passed off, leaving a dull headache.

Five days later, the shooting pain recurred, this time being more severe and lasting for one hour; again it was associated with lachrymation. When the pain had subsided, he carried on with his work until two weeks later (thirteen days before admission to Hill End), at which time he began to have diplopia. He then reported sick for the first time and was excused duty. After two days, his right eye became completely closed and he was unable to open it. He was sent to a local hospital where a lumbar-puncture was performed on him. The only available information concerning the examination of the fluid obtained was the fact that the Wassermann reaction was negative.

On admission to Hill End, there had been little change in his symptoms since the onset of the ptosis 11 days previously. Headache was unchanged, being present at any time but worse on straining. He had developed slight stiffness of the neck; there were no other symptoms.

He was an intelligent and co-operative man, with no neck rigidity but with tenderness in the right sub-occipital region. There was no papillœdema and his visual fields were normal.

On the right side there was a complete ptosis; the right pupil was dilated, showing reaction neither to light nor to convergence; nor was there a consensual light reflex in this pupil. There was an external squint, only lateral deviation and slight anti-clockwise rotation being possible with the right eye. The left eye was in every way normal. These signs indicated a complete third nerve paralysis on the right.

No other abnormality was found in the cranial nerves nor, indeed, in the remainder of his nervous system. His general condition was excellent.

Lumbar-puncture revealed a pressure of 110 mms. of c.s.f. with a normal Queckenstedt phenomenon. There were no cells in the fluid and the protein was 40 mgms. per 100 ccs. The W.R. was already known to be negative. Plain X-rays of the skull and of the paranasal sinuses were normal.

A lumbar encephalogram was done; this showed no conclusive abnormality, but there was possibly a defect in the floor of the third ventricle such as might be produced by a small tumour in the chiasmatic region. The fluid withdrawn for replacement by oxygen showed 51 leucocytes (84 per cent. lymphocytes and 16 per cent. endothelial cells) and 8 red cells per cubic millimetre; protein was 30 mgms. per 100 ccs.

Seventeen days after admission he developed a severe right parietal headache, followed, on the next day, by a stiff neck, a positive Kernig's sign, and associated with a heavily blood-stained c.s.f. A fortnight later, he had two generalised epileptic fits. These were followed by severe pains in the neck and legs. The optic disc-margins were blurred, the right more than the left.

The sudden onset of the headaches associated with a right third nerve palsy and fresh blood in the c.s.f. left little doubt of the diagnosis of an intracranial aneurysm, on the right side, which had leaked on several occasions.

The patient was by now extremely ill, and it was obvious that he would very soon die unless something were done. It was impossible definitely to localise the lesion without the use of a thorotrast arteriogram. But, owing to the war, thorotrast was not available. Therefore, in the belief that the aneurysm was in its system, the right internal carotid was tied in the neck, just above the bifurcation of the common carotid artery. This was done on August 4th, forty days after admission to Hill End. The operation produced no immediate change, but during the second post-operative night, the patient was very restless and the next morning he had a left hemiplegia. Being irrational, a complete examination of his nervous system was impossible.

However, two days later he was much improved mentally, and it was found possible to examine his sensory system. It was then found that he had, as well as the hemiplegia, complete loss of cortical sensation on the left. Two days later still he improved generally, and the sensation returned to normal. Also the left leg began to move.

After the operation he was treated with increased fluids; and the foot of his bed was raised, in an effort to increase the blood supply to the brain, in view of the fact that it had been deprived of one of its main sources. These measures contributed to his recovery, which was progressive.

On November 6th, ninety-four days after the operation, he had recovered sufficiently to warrant his discharge. There was still a left hemiparesis involving the lower face and the arm, which was spastic. The leg was much improved and there was no sensory disturbance. The tendon reflexes on the left were increased and the plantar response was extensor. The left abdominal reflexes were present but diminished. But there was little, if any, change in the right third nerve paralysis.

A follow-up examination on February 2nd, 1942, showed the patient to be much improved. There was but little evidence of his previous hemiplegia, and there was obvious recovery in the third nerve lesion.

The second patient was a woman of 23, who was admitted to Hill End on August 22nd, 1941. She was a short fat woman, who, for a fortnight before the onset of her illness, had been doing heavy work as a railway porter.

Nine days before admission she woke up feeling her usual self. But later in the day, while going up an escalator at King's Cross, she experienced a sudden pain in the head and neck. She then vomited. She was seen in the local first-aid post, told that she was excited and advised to go home to rest. She did this. Two days later she still had a headache and was advised to go to the local hospital.

On examination there, she had no rigidity of the neck but a positive Kernig's sign. The temperature

was 102 degrees F. A lumbar-puncture was done, showing a heavily blood-stained fluid which remained yellow after being centrifuged. There were 10 white cells per cubic millimetre, culture was sterile and the W.R. was negative.

Thus there had occurred a subarachnoid hæmorrhage. In the absence of trauma, the most likely cause was a leak from an intracranial aneurysm.

Three days later—on August 21st—she developed a left hemiplegia, and was sent to the Neurosurgical Unit as a cerebral abscess.

On admission to Hill End she had a slight headache, made worse by effort, by light or by touching the eyes. She complained not only of her left-sided paralysis but also of numbness and pins-and-needles on the left side. There were no other symptoms.

On examination she was seen to be an intelligent co-operative patient, well orientated but very ill. There was slight rigidity of the neck and Kernig's sign was positive. On ophthalmoscopy, the medial edge of the right disc was seen to be elevated and the veins were engorged. There were no hæmorrhages or exudates seen in the fundus. The left fundus appeared normal.

On confrontation, there was a left homonymous hemianopia; her condition did not allow perimetry. The pupils were equal with a sluggish light-reaction. There was limitation of lateral deviation of the eyes, particularly to the left. Other extrinsic ocular movements were normal.

The fifth nerve showed left-sided weakness, and pain was felt more acutely on the left side of the face than on the right. Touch sense was absent on the left. There was a left lower facial paresis, and the palate deviated to the right, while the tongue deviated to the left.

In the limbs there was paralysis of the left arm and leg in which the tone was unchanged. Sensory tests showed absence of tactile, vibration and position senses and graphanæsthesia on the left. There was also over-reaction to painful stimuli on that side. The tendon reflexes were increased while there was an extensor plantar response on the left.

There was therefore an extensive right-sided lesion, situated, possibly, in the neighbourhood of the bottleneck of the internal capsule.

Lumbar-puncture showed a pressure of 270 mms. of c.s.f. with a normal Queckenstedt phenomenon. The fluid was clear and yellow, with 430 red cells and 33 lymphocytes per cubic millimetre. Culture was sterile. X-ray photographs of the skull were normal.

After being kept in bed at complete rest, she has improved in general health. But her neurological condition has shown little improvement. There is still a left hemiparesis, which is now spastic. It amounts to a paralysis of the arm. In the leg, the physiological flexors are grossly weak, although she can walk with assistance. There is improvement in the facial weakness and the other cranial nerves are normal. The visual fields have recovered completely (on perimetry).

There is still left hemianæsthesia and hemigraphanæsthesia. Vibration sense is diminished on the left but pain sense is normal. The tendon reflexes are increased and the abdominal reflexes are diminished, but present, on the left. The left plantar reflex is extensor, while there is an ankle clonus too.

There is little prospect of any further improvement in these signs.

This last case is different from the first in several respects. There were no localising signs of the aneurysm. The "cure" of the aneurysm was spontaneous. The subsequent course was slower and the prognosis of the hemiplegia is infinitely worse.

Both these patients had subarachnoid hæmorrhages. It is believed, though not proven, that they originated from basal intracranial aneurysms. In both patients life was imperilled by rupture of the aneurysmal sac and subsequent bleeding into subarachnoid space. In the first patient, minor leaks had occurred before he became severely ill. In both patients the leakage stopped, in the one post-operatively and in the other spontaneously. It is hoped that this cessation is due to clotting of blood within —and, inevitably, around—the aneurysmal sac. In both patients a hemiplegia developed some time after the onset of leakage. In the first patient this was nearly two days after ligation of the internal carotid artery.

To what is the hemiplegia due? It is without doubt due to impairment of cerebral circulation, but the mechanism of this impairment is not surely known.

As Schorstein[1] points out, the cerebral circulation may be impaired by an aneurysm in two ways. First there is the local pressure of the aneurysm upon the vessels in its vicinity. Second is the general effect, the increase in intracranial pressure consequent upon bleeding from the aneurysm. Another factor to be taken into account is the general health of the patient, with particular reference to the blood-pressure, blood-volume and hæmoglobin content.

The central nervous system is very sensitive to anoxæmia. It seems to have a definite threshold, beyond which the neurons cease to work. But there may be some degree of anoxæmia without there being any signs thereof. In such cases a slight increase in the anoxæmia will pass the threshold and produce signs of neural dysfunction. For example a patient of Astley Cooper's upon whom carotid ligation had been carried out was quite well until he got up. Then after two minutes he became unconscious and hemiplegic. He was returned to bed and after a few hours in the horizontal position, he recovered completely. This was due to the fact that the change in posture from horizontal to erect so altered the cerebral blood-pressure that the threshold of anoxæmia was passed. Also it is known that when the common carotid artery is tied for external hæmorrhage, even in otherwise healthy people, the incidence of neural damage is high, on account of the lowered blood volume.

In the first patient, the circulation of the right hemisphere was already impaired by the presence of the aneurysm. The aneurysm had

bled and so there was also an increased intracranial pressure. These two factors together were not sufficient to produce any recognisable neural damage. But when the right internal carotid artery was tied, the added impairment of cerebral circulation passed the threshold of tolerable anoxæmia and produced a hemiplegia. That it came on some time after the actual operation is explained by the fact that anoxæmia takes some time to develop. We must also remember that our clinical tests of neural damage are not particularly sensitive.

The spontaneous hemiplegia of the second case was again due to impairment of cerebral circulation. There was an increased intracranial pressure, due to the subarachnoid hæmorrhage; the aneurysm had probably caused local changes in the cerebral circulation. These two factors alone produced sufficient anoxæmia to bring about a very severe grade of nervous dysfunction.

Notes on the Pathology of Intracranial Aneurysms

Aneurysms can occur in the intracranial vessels, just as elsewhere, as the result of arterial disease, such as syphilis and arteriosclerosis. Mycotic aneurysms, the result of infected emboli, also occur. All these are unusual. According to Dott[2] one in seven hundred consecutive autopsies reveal intracranial aneurysms; more often than not syphilis and arteriosclerosis are absent.

Forbus[3] made detailed examinations of both "normal" and aneurysmal circles of Willis. He stressed that the aneurysms always occurred at the apices of the bifurcations (that is, between the two branches of the parent vessel); syphilitic or arteriosclerotic aneurysms often arise from a single vessel, not at its bifurcation. This seems to be one definite and undisputed fact concerning the pathology of intracranial aneurysms.

Forbus found that, at the point of origin of the aneurysm, there was a great thickening of the intima, while the internal elastic lamina and the muscularis were absent. There were no signs of inflammatory nor of arteriosclerotic change.

This medial defect was noted in some of the bifurcations of "normal" arterial circles. In some of the cadavera whence these came, similar defects were found in the mesenteric and coronary arteries. These defects were present in children as well as in adults. They are supposedly congenital, for there is an embryological basis for them. A main vessel develops its coats separately from and before its primary branches. It is conceivable therefore that an incompletion of this process will result in a failure of the coats of the main vessel and of the primary branches to unite.

However, these findings alone cannot account for the aneurysms. The medial defect is present in many circles which do not contain aneurysms. If there were not some additional factor, then congenital aneurysms would be far commoner than they really are.

Change in blood-pressure is sometimes responsible. Woltmann and Shelden[4] describe the coexistence of these intracranial aneurysms with coarctation of the aorta. Forbus showed that the hydrostatic pressure was higher at the apex of the bifurcation than at any other of the angles[3]. However many of the patients with intracranial aneurysm have normal blood-pressure.

Some workers, notably Glynn[5], and Tuthill[6], deny the congenital basis of the aneurysms. Tuthill says that the elastic layer is primarily responsible for the changes and that the medial defect develops secondarily. The elastic layer is said to split and to degenerate. This leads to an absorption of fat in the media.

It seems then that there is a congenital diathesis to these aneurysms. The vessels are congenitally capable of developing aneurysms in virtue of their medial defects. Then there is another factor, probably acquired, and perhaps varying from patient to patient, which determines the development of the aneurysm. This factor remains to be discovered.

Summary

The histories of two patients with subarachnoid hæmorrhage are described. The hæmorrhages are believed to have arisen from aneurysms of the intracranial arteries.

In both patients hemiplegia developed; in one after ligation of the right internal carotid artery; in the other spontaneously.

The mode of development of the hemiplegia is discussed.

A note on the pathology of "congenital" intracranial aneurysms is added.

Acknowledgment

It is indeed a pleasure to express my deep gratitude to Mr. O'Connell. It was while his house-surgeon that I studied these patients; without his advice and encouragement it would have been impossible to write this paper.

References

[1] Schorstein, *British Journal of Surgery*, 1940, 28, pp. 50-70.
[2] Dott, N. M., *Edinburgh Medical Journal*, 1933, new series, 40, II, p. 219.
[3] Forbus, W. D., *Bulletin of Johns Hopkins Hospital*, 1930, 47, p. 239.
[4] Woltmann, H. W., and Shelden, W. D., *Archives of Neurology and Psychiatry*, 1929, xvii, pp. 303-316.
[5] Glynn, L. E., *Journal of Pathology and Bacteriology*, 1940, 51, pp. 213-222.
[6] Tuthill, *Archives of Pathology*, 1933, 16, p. 630.

HEALTH AND THE FAMILY

By BRENDAN WEBB

During these days of war, it is becoming only too obvious that family life is being rapidly destroyed. The main sufferer in consequence of this disruption is the child, upon whom the future depends. The family is a living unit consisting of father + mother + child; each is a living whole and each is dependent upon the other for full function. The welfare of the child demands integration of the family, which is its natural environment, for children are not state-owned at present, as might be supposed, but are members of a family unit. The responsibility of the mother is greater now than ever before if the family, as a unit, is to be preserved.

Many factors, all necessary to the conduct of war, are contributing to the disintegration of the family: for example, the disappearance of the father to the forces, the mother herself to the factory and the evacuation of the children from the big cities. This disintegration of the family is playing an important part where positive health is concerned. Never before have we, as a nation, been so health conscious, yet we still think in terms of disease rather than of health.

What then is health? It is more than soundness of body. "It is the conscious or unconscious sense of responsibility in the individual which urges him to live to the fullest potential of his physical and mental faculties and function." [1] "It is a state of balance, a unit, a wholeness, a power and a living thing."

At present, the detection of the onset of disease is left to the sick individual himself, whereas this duty should be the responsibility of the doctor. On the other hand, the maintenance of health is the responsibility of the individual himself and doctors, therefore, should teach the individual what health means and how to achieve and maintain it.

The diet of members of the average working family is grossly deficient. This is clearly evident as malnutrition is prevalent everywhere. There are many causes for this deficiency, among them the fact that the food we eat comes largely from unhealthy soil and that our diet consists largely of white bread, the flour of which is nearly pure starch after it has been treated in the mills. Since the war, the government has attempted to replace some of the vitamins lost in the process of "purification" of the flour, but this is far from sufficient. It will be incumbent upon the doctor of the future to teach the individual, not only the necessity of an adequate diet, but also of what that diet should consist. The doctor of the future will have to be priest-psychologist, medico-scientist cum agriculturalist-dietician: a highly intelligent creature, in fact, full of common sense! At present he relies too much upon biochemistry and the specialist—excellent in their limited spheres—instead of himself having that intimate knowledge of families and their environment so essential to the general practice of medicine, as did the family practitioner of the past. The doctor must have the opportunity of observing the individual in the course of his every-day life and to do this he must live in the same district as the patients he serves. In the past this was more natural, but to-day, instead of there being a good cross-section of society in every district, people in cities tend to congregate into social grades, and the doctor is isolated without social life for himself or for his family, and lock-up surgeries are the result.

Some sixteen years ago, a few pioneers, in order to study whole families in their natural environment, started a socio-biological experiment in the form of a health centre. It was known as the Pioneer Health Centre in Peckham and was run as a club with a weekly subscription per family of sixpence and later of a shilling. Isolated members were not allowed to join but only whole families, and one of the conditions of entry was the submission of each individual in the family to a periodic health examination. This examination was extremely thorough and the published results make interesting reading [2] for amongst other things it was discovered that over 90% of the members were suffering from frank disease. The detection of the early onset of disease and the first signs of a falling away from health was indicated by doctors rather than the individual, who is ignorant of the nature of disease and the system of organical compensation in himself before actual disease is apparent. The Pioneer Health Centre afforded the medical profession this opportunity, for it was not working under pressure of a crisis and had each member of every family unit under constant observation. As the function of the centre was to give advice on health to its members, not to undertake treatment of disease, the centre

did not interfere in any way with the work of local practitioners but sent them cases after the early detection of disease when cure of disease and restoration of health were possible.

Besides being a biological experiment, it was also a social one, since it provided recreation and a social centre for its members, the social activities themselves being remedial of the prevailing untoward conditions of the members in that district. There were a swimming bath, gymnasium, theatre, reading rooms and a cafeteria, which was licensed to sell beer, and there were also club rooms for children of school age and nurseries for babies, which allowed parents opportunity to meet and occupy themselves for a period of time whilst relieved of the responsibility of supervising their children. Thus individuals could be watched in natural function and their reactions towards others carefully observed. New ideas for hobbies were quickly shared so that wives, for instance, who were normally left alone at home all day, learnt fresh occupations and interests. The reactions of children were also observed and the reason for a particular child's backwardness (for example) discovered and explained to the parents at a clinic which both parents attended together.

The whole experiment was a great success: members were found to submit readily to the medical examination and were eager to avail themselves of the advice given. But owing to the danger of bomb damage (the building was composed largely of glass) and consequent evacuation, the Centre was compelled to close for the duration of the war.

There is much talk to-day of post-war reconstruction, particularly of hospitals. All are agreed that some improvement in the present system, which relies to a large extent upon charity, is required. The Pioneer Health Centre affords an excellent basis for this replanning, warranted by its great success before the war. Health Centres or clinics should be instituted in each borough of the big cities and in each rural area. These should be consultation centres where enquiries or any question of health could be answered. In order to attract members, each clinic should be run in the form of a club with facilities for improving health, for instance a swimming bath and gymnasium, and be open to all members of all grades of society and include child welfare clinics. Ideally, every family unit attending a particular centre would undergo a regular medical examination even if the individuals concerned considered themselves to be in good health. When frank disease was discovered, the patient would be referred to a hospital. The hospitals should be run on an extension of the present sector hospital arrangement which has been in force since the war. All "in-patients" could be accommodated at a sector hospital in the country within easy reach of London. Each present base sector, in London, should be a casualty station for accident and emergency cases and include all "out-patient" clinics for disease. There should be a few "buffer" wards where acute cases could be accommodated until well enough to be transferred to the country. The optimum maximum period for remaining in these wards should be about 4 days and a regular system of transference by ambulance to the sector would have to be inaugurated. There could be also arrangements for the transport of visitors free to the sector hospitals. The cost of running would be met by an extension of the National Health Insurance to cover whole families, including earning children. Side by side with the urban development similar centres, varying in size according to the local population, should be available in every rural town in the country so that every member of society in the whole country would have the opportunity of seeking advice, thus encouraging full function of the individual in every aspect of life, the maintenance of health and the prevention of disease. At present, the average individual is content to live, not in a state of full health, but in a state of devitalisation which in the course of years gives rise to frank disease. It is not until his symptoms force him to seek advice that any treatment is instituted when it is often too late to do more than a patch-up.

Present arrangements in out-patients departments are inadequate, for many valuable working hours are wasted by patients having to wait a large part of the day for various clinics. The working man's health is his bank but he cannot afford to give up a day's work and pay to seek advice. This difficulty could be overcome by the introduction of an "appointments" system which is already working with much success in some hospitals (e.g., Guy's), and which, also, worked so well at the Pioneer Health Centre. By this arrangement a patient is told not only which day to attend a clinic but at what hour so that he can arrange with his employer for a definite time to be absent from work, thereby benefitting himself and those for whom he works

Teaching arrangements for students would be thus improved and developed. All out-patient clinics dealing with disease could be attended at the base hospitals and in-patient work, dressing and clerking done at the sector

hospitals. At present the training of doctors is acquired practically entirely through contact with disease and people who are already ill; in other words attention is fixed upon disease. A knowledge of positive health is essential if it is to be taught to others, and the student of medicine must have access to the whole family whilst in health in order to study health and to learn to detect the first departure from that state of well-being. This could be achieved by medical students desirous of taking up that branch of medicine dealing with positive health and the prevention of disease, attending and working under the doctors at the health centres.

Attempts to promote the welfare of the child demands an organisation capable of developing family health. After the war, some organisation is required which can deal with whole families as a unit rather than with individuals divorced from their natural environment. One means to this end will be through a greater increase in the scope of function of the almoner, who is already the vital link in hospitals between the medical man and his patients. The almoner in future would also have to be the link between the health centre, where the investigation and development of health is carried out, and the hospitals where treatment of disease and the restoration of health is done. And finally, another means will be the linking up of urban with rural life—the city with the land from which it draws its vital food and life.

REFERENCES

[1] "The Health Question," by Dorrit Schlesinger—*Empire Review*, 1927.
[2] "Look to the Land," by Lord Northbourne.
[3] "Biologists in search of Material"—Pearce and Scott—Williamson.

HOMŒOPATHY

A SCIENCE OF DRUG THERAPY

By SIR JOHN WEIR

Homœopathy is no System of Medicine. It concerns itself solely with the discovery, the study, the preparation and the administration of remedial agents. It is only here that it parts company with medicine as taught in the schools. All else we have in common. Every homœopathic doctor in this Country has graduated in the same schools as his medical brethren. We start alike. But some of us, having accidentally come across this science of drug-therapy, have discovered therein new powers of dealing with sickness.

The appeal of Homœopathy has always been to *experiment*. It is a science, because based wholly on experiment. "Do the works if you would know the truth"—or, as Hunter said to Jenner, "Don't think—*try*!"

Knowledge of diseases, knowledge of drug-action; what are they? Nothing practical, lacking the essential information—how to apply the one for the relief of the other. There must be a co-ordinating principle—*law*—if power is to result., i.e., the power to deal curatively, with not only assurance, but foreknowledge, with the sick individual.

It is stagnation not to be striving incessantly for wider knowledge. Progress must cease where we are content with tradition and authority. And changes are so rapid in our day that it has been said, "If a doctor who dies to-day should come back in 50 years time and attempt to take up his profession, he would have to graduate all over again."

And yet, one great physician of the past, were he to come back to-day, could take up his work as he left it. He would find new possibilities — developments — confirmations — and, above all, new implements. But all the essentials would be the same—*because based on Law*. And he would exult to find thousands of doctors, all the world over, treating their patients on his lines, and thereby experiencing his astonishing results.

Human history has its landmarks, each connected with some towering personality. "That man," we say—but only when we have travelled far enough ahead to appreciate his work—"That man was born 100 years before his time." Genius, instead of plodding the beaten path, leaps always far ahead. One such genius was Samuel Hahnemann (1755-1843). Diligently seeking that which he was confident must exist—*A Law of Drug Action*—it was revealed to him in a flash of realisation; and to the elucidation of that Law he devoted his long life. Poverty—enmity—scorn—banishments moved him not. His unwavering appeal was to *experience* and to *posterity*.

Quinine has a historical value for the homœopath, as the drug that revealed to Hahnemann the Law of Cure, and enabled him to establish Homœopathy as a fixed science.

It was in this wise. Since the bright spot in the medicine of his day was Peruvian bark for ague, it occurred to him to test its effect on a person in health—himself. That was the first homœopathic Proving. It revealed that Bark, which cured ague, could develop ague symptoms in a healthy person . . . "*How did other drugs act?*" . . . Multiple exhaustive experiments gave the undeviating answer that, *what a drug can cure, that it can cause*; and conversely, *what a drug can cause, that, and that only, it can cure.*

Homœopathy maintains that there is a constant relationship between the subversive effects of drugs on the healthy and the benign reactions they call forth in the sick. *That sickness can only be cured by a drug whose action shows a selective effect on exactly the same organs, tissues and functions affected.* Or again, Homœopathy means the cure of disease by exciting the reactive powers of nature by a similar irritant. But in the use of such agents, manifestly the dose must be that of stimulation only: not of aggravation, or destruction.

Genius is defined as "an infinite capacity for taking pains," and Hahnemann had this in a very high degree. He became pre-eminent in intuition, in deduction, in research, and in absolute devotion to Truth and Humanity. A great linguist, scholar, chemist, sanitarian, physician—in all these far ahead of his age, he takes special rank as one of those to whom Law reveals itself. It is interesting that, his eyes once opened, he found the enunciation of his law in "the remarkable words *Similia similibus curentur* in one of the books attributed to Hippocrates," and also its foreshadowings in solitary remarks of a few writers, "but," as he says, "no one had taught this manner of cure, or put it into practice."

Medicine has always experimented on the sick. Hahnemann experimented only on healthy humans (recording also the effects of poisonings) in order to determine the actual subversive properties of various drugs, so that they could be applied, at need, to the sick of a "like" sickness.

He presently gathered an enthusiastic band of followers, mostly medical men, and he and they tested or "proved" drug after drug, with all precautions to eliminate error: and these Provings faithfully recorded, form the nucleus of Homœopathic Materia Medica. The reason that his "*Materia Medica Pura,*" best known among his numerous works, is as alive and up-to-date to-day as when penned, and has survived the works of all his contemporaries, is because, as he laid down, every such materia medica should concern itself only with the actual effects of simple drugs, excluding mere assertions and theories; its content being given in the simple words of simple people, in answer to careful and faithful enquiry.

Hundreds of valuable medicines have, since his day, been added to the homœopathic materia medica: but all subsequent work has been done on his lines. It has never been found necessary to eliminate, or modify. Recorded in the simple language of plain folk, free from theory, safe from the transient technical language of succeeding generations, it stands for all time: while science, in discovering new truths has never been able to touch Hahnemann's postulates—except to confirm: since they are based on Law.

But beyond his basic law, "*Let likes be treated by likes,*" Hahnemann, during years of experience, was able to lay down the conditions under which it worked most surely and precisely in his *Doctrines* which, not to observe, is to render much of our work inferior, if not futile. And it is emerging that these subsidiary laws of Hahnemann apply equally to all such homœopathic measures as vaccines, X-ray and radium therapy, where better and more reliable results might have been obtained, with a minimum of disaster, had they been observed from the beginning.

For he teaches not only the "like" remedy, but:—

The single drug, without which no scientific data can be obtained, whether proving or in treatment;

The single dose: repeated according to the acuteness or chronicity of the case;

The small dose that merely initiates reaction;

The infrequent dose, which means non-interference with vital reaction, once established;

The possibility of *initial* (*temporary*) *aggravation*;

Potentisation: yet unrecognised outside his School: but an important factor in the success of the prescription.

(*To be continued.*)

We publish above an account of the principles of Homœopathy by Sir John Weir, Homœopathic Physician to the King. We have no personal experience of the value of homœopathic treatment, but we feel that the principles of a school of medicine which has achieved and maintained a conspicuous position in modern society should not be unknown to medical students of the more orthodox variety.

Sir John's account was first published in Vol. 3, No. 2, of the "Sphincter," the journal of the Medical Students' Debating Society of the University of Liverpool, to which our acknowledgments are due.

—Editor.

THE FIGURER IN SHADOWS

A Lecture Theatre

Dust and bricks, but mainly dust
Lie about the uneven ground
And salvage mute with jealous rust
Articulate without a sound.
Was it here that theatre died?
Where the savants came and taught?
Where the students came and sighed?
And I was one of them I thought.

There was not warmth nor sunlight there
And yet upon that holy ground
And trembling in that holy air
The steps of Harvey still I found.
A shaft of sunlight lit upon
The note book and the tousled head
As Shelly turned to enter in
To hearken what his teachers said.
Once the silence burst and shattered
And the ghosts had fled and scattered,
Unholiness had rolled and spread
And startled sleepers stirred in bed.

J. E. D. M.

TUESDAY AFTERNOON

Have you ever seen those picture studies by Torkel Kepling? If you have not they are fascinating pictures of even more fascinating babies. Each one of us in our heart of hearts loves small children and I am no exception. In my imagination I see fat bonny babies giving delighted chuckles when I wave silver pencils and such like in front of them. Anatole France seems a mere amateur to me. The first snag on Tuesday afternoon, however, was the mother. With what seemed just the correct amount of heartiness I asked how long Pat had been ill and how he felt. "Please, Doctor, it's a 'er not a 'im." This was a bad beginning but much worse was to come. The mother was one of these old dears who love the sound of their own voice and in spite of my repeated attempts to break the flow of conversation she would not stop. I was treated to a stream of confidences about the weather, about her mother's indigestion—"Summat crool, it is Doctor"—in fact anything but about the poor child. Finally she stopped from sheer lack of breath and I seized the opportunity to put in some hurried questions. Well, to cut a long story short (and it was a very long one!) it seemed that the child had lost its appetite. More questions showed that the diet was a little eccentric if not novel. Pat, at the age of two and a bit, was very partial to a bit of her father's kipper at supper and showed a decided preference for his beer rather than her own innocuous drink. All this was very enlightening but time was getting on and she must be examined. Somehow Torkel Kepling faded a bit when I saw a particularly baneful look come into Pat's eyes. She was a young lady of very decided views and she evidently decided that it was a monstrous indignity to be examined by me. In fact, if her eyes failed to put me off her voice might. It was worth trying anyway, so she started to yell. Yelling is putting it mildly—the nurse grew pale, the overfed baby in the corner was frankly amused and I, well I was petrified. The mother too began to look nasty, in fact ready to start the story of what her Aunt Jane did as a baby, so I hurriedly completed the examination and asked the mother to wait.

Fifteen minutes later the great man decided to see Pat. The mother came in as well, looking a trifle self-conscious and in answer to the "Sitchyerselfdown Mother" she placed her ample proportions on the chair with as much dignity as she could muster. Apart from sundry denials and interruptions from Pat's mother the history and examination were read without disaster

"Sitchyerselfdown somewhere where I can get at you" did not sound too good to me but I did as I was bidden. The great man carefully spread a towel across his knees and turned to the patient. "Now let's have a look at you—that's a marvellous tummy you've got there." I sat back confidently expecting howls of protest but none came. Her tummy was pummelled and banged yet incredible though it seems, she liked it. Even the final indignity of a playful slap across the buttocks caused no resentment. The mother, too, seemed to have no desire to recount any of her numerous reminiscences. It merely served to confirm my suspicions that women were always fickle. In the midst of this I was suddenly asked what was the matter with the patient. Well, it was rather difficult because a prolonged perusal of a certain textbook had left me with the impression that children only suffered from three complaints, viz.: Cœliac Disease, Rickets and a somewhat nebulous entity called Negativism. The latter sounded most impressive, so I accordingly contributed "Negativism" to the discussion. Fortunately the matter ended there because it was time to go to a lecture.

But I like the children's department and I am going there again.

ANTHONY.

AN APOLOGY

We apologise for the misprint in the Obituary of Dr. Percy Kidd in the March number. The author's initials should have been P. H. S. H.

CORRESPONDENCE

To the Editor, St. Bartholomew's Hospital Journal
Dear Sir,

As many people lately seem to do nothing but throw brickbats at you, I should like to thank you—what a surprise for you—for the excellent crossword puzzle in this month's issue. Not being an expert, it took me 75 minutes to complete, but a very pleasureable time it was, I assure you.

May we hope for more of the same sort in the near future?

Yours faithfully,
LESLIE LEVY.

Hill End Hospital, St. Albans.
March 8th, 1942.

THE GREEK QUESTION

To the Editor, St. Bartholomew's Hospital Journal
Sir,

I was much interested by your article on "The Divorce of Science and Politics" in the February Journal. It was, like many projects for reform, lamentably out of date. Theories follow events but continue as active ghosts long after the circumstances that gave rise to them have passed. The theory that science would open the road to Utopia began in the last century when the first great achievements of applied science offered some justification for the belief. Nothing has since happened to confirm it; on the contrary, the history of this century is one of degradation in many departments of life, especially politics, despite the spread of scientific education to the prejudice of the classical learning your article deprecates. This may be a coincidence, but it is a plain fact which gives no encouragement to the supposition that all that is needed to bring in the millenium is a more general knowledge of science. The truth is that science, divorced from ethics as it has been and still is, cannot solve the more important problems of mankind; for science is knowledge; it is not wisdom. Science can only satisfy desire; it cannot influence the desire it satisfies, and so it gives us insulin and anæsthetics, mustard gas and high explosive, with impartial liberality.

The right practice of politics requires wisdom and virtue which science alone cannot give; it can only help a virtuous man to be more successful in his endeavours or a gangster to be more formidable in his crimes. A marriage between science and politics would, therefore, not necessarily be fruitful of good and might well give birth to a monstrosity. Caliban was the offspring of a female scientist.

Incidentally, there is one glaring misstatement of fact in your article. It says: "The divorce between science and administration is not new. It had its origin in the Roman Empire when the victorious Romans considered it beneath their dignity to concern themselves with scientific or technical knowledge when it could always be bought from a conquered Greek." A knowledge of history, upon which your article pours contempt, would have saved you from this error. Socrates and his school despised science as a craft, a "techne," and the governments of the Persian and Hellenistic empires which preceded the supremacy of Rome were no more conspicuous for an alliance between science and administration than the Roman. In fact, they did as the Romans did; they summoned a scientist or a wizard (the two are closely akin) whenever they needed his advice.

I am, Sir,
Your obedient servant,
G. H. CRISP.

29, Broad Street, Ludlow, Salop.
March 10th, 1942.

[*The chief contribution of the Greeks to scientific thought was the great development of the technique of abstract thought of Socrates and in the Academy of Plato. Both these philosophers decried the value of experience and experiment as guides to truth. Aristotle, who left the Platonic Academy to found the Lyceum, came to realise the value of experiment and observation, and, indeed, dissected 50 animal types himself. Archimedes of the Alexandria School (derivative from both the Academy and the Lyceum) was, as every schoolboy knows, no stranger to experimental method. The position is far more complicated than Dr. Crisp's letter would suggest.*

As regards their relationship to Government, the great Greek and Alexandrian scientists (using the word in its broadest sense) came from the same class as the rulers of their country and their knowledge and theories were respected and used by the Government. Plato divided society into rulers, soldiers and slaves, including himself in the first group.

Virgil wrote that there were only two occupations proper to a Roman—war and government. These conquering soldier-farmers despised the intellectual achievements of those they had vanquished and enslaved.

Neither scientific knowledge nor the scientific attitude have ever been altered by more than a tiny fraction of the population.—Ed.]

THE STUDENT AND HIS EDUCATION

To the Editor, St. Bartholomew's Hospital Journal
Dear Sir,

You have already devoted much space in your editorials to this subject, and last month, Mr. P. G. Mann took up his pen in defence of his own views. I do not propose to discuss either of the two points of view that have been put forward, but to stress one aspect of the problem which has not been mentioned.

There seem to be many people who believe that the whole answer to the problem of Medical Education lies in the reform of a system. There are as many who, while reserving and using the right to be extremely critical of their curriculum, their teachers, and the rest, find in the student no fit subject for criticism; they fail to realise that the right to criticise carries with it the duty of self criticism. Both these attitudes spring from a fundamental misunderstanding of the meaning of education. Good teachers, well-equipped labs, a well-planned curriculum—all these are of great importance. But let us not be led into believing that given these things, there is nothing else to be done. The standard of the profession will only be raised by an increased realisation on the part of the student of his responsibilities. Just as some teachers could teach under any circumstances, while others will not be able to do so even under ideal conditions, so it is with the student. Some will learn and acquire the love of learning however poorly ventilated the labs, however badly arranged the curriculum. Others will not do so even if conditions are ideal.

The aim therefore must be to give the student every opportunity for educating himself. It is, of course, the duty of the teacher to place the material before the student in the most interesting way possible. It may be objected that this caters solely for the keen student, but these are the people to whom the best opportunity for learning must be given; whether or not that opportunity is taken will always depend on the student.

Viewed on this background, it is clear that the Editor of this journal, and those who support the compilation of a memorandum are arguing at cross purposes with Mr. Mann. Few will disagree with the latter in his insistence that the students do not demand reforms in their education. Mr. Mann, however, is surely not opposed to the co-operation of students and teachers aimed at improving the existing state of things, including incidentally the selection of students for entry into the profession. Those of the "memorandum party" are not imbued with the truculent spirit that Mr. Mann assumes to exist. Should they become so, then clearly the whole purpose of the memorandum will have changed, and few will wish to continue with it.

Yours faithfully,

D. V. BATES.

Hill End Hospital.
April 14th, 1942.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

The proposed memorandum to be sent to the B.M.A. is presumably the Bart.'s contribution to the reform of medical education as a whole. As such, it should refer only to those aspects of medical education which cannot be altered within the Hospital itself. It is evident that many improvements could be effected at Bart.'s quite independently of other hospitals.

The recent debate at Hill End Hospital provided some useful suggestions, each of which might be a subject for further discussion between members of the Senior Staff and the students, with a view to their adoption at this Hospital.

The activities of the College Council are shrouded in secrecy (except at such times as they choose to take disciplinary action). Such discussions would enable much closer co-operation between this august body and the students than has been obtained through the Students' Union Council, and an opportunity would be provided for mutual consideration of those problems which affect both staff and students.

Yours faithfully,

JOHN J. SLOWE.

Friern Hospital, New Southgate, N.11.
March 12th, 1942.

"TONY DRAWS A HORSE."

The many past successes of the dramatic society at Hill End have led audiences to expect a high standard in new productions. The most recent play—"Tony Draws a Horse"—certainly did not disappoint expectations. The choice of play, its production and the acting were alike excellent. The amusing story of this play deals with the domestic upheavals consequent upon the revelation of a child's subconscious mind in his artistic efforts. The situations which arise are in themselves most amusing and helped by witty dialogue kept the audience in constant laughter.

All the players gave good performances. Heather Baugent as Mrs. Parsons played the leading part. Her portrayal of this character was without a flaw and played with such sympathy that one could not but feel a pang as the good lady's world began to crumble around her. Nor could one but be happy when her worries were removed and she once more sailed serenely towards a titled old age. Henry Burye took the part of her husband and gave an excellent picture of the patient breadwinner whose sudden rebellion against his environment lands him in direst straits. Barbara Taylor as Tony's mother acted with the ease and assurance which audiences have come to expect of her. In the cafe scene her alcoholic excitement, Peter Wingate's excellent French waiter and the familiar French advertisements made one imagine for a little while that France was still but a short journey across a peaceful Channel. Tony Livingstone was excellent in the part of grandpa. His make up and gestures suggested extreme age and he made the lovable but eccentric old man very popular with the audience. All the other parts were well filled. Keith Bulmer as Tim Shields made a convincing young man without prospects and John Gylson a stern parent who softened effectively in the later stages of the play. Joan Watts as Mrs. Smith was the sort of parlour maid one would really like to have.

All who contributed, both on the stage and behind the scenes, to the success of this play are to be congratulated. It is to be hoped that when the war has passed it will still be possible to enjoy as one of its fruits such performances displaying the combined talents of nursing staff and students.

HEARD IN A GYNAE. WARD.

Night staff coming on duty—"What's the new case in No. 4?"

Day staff giving report—"Oh, she's a woman who's going to be pregnant in June."

At HILL END

The main item of news from here this month is of the production of "Tony Draws a Horse," but as this is reviewed on another page, no further reference need be made to it here.

The cricket and tennis sections are gathering strength for the coming season, but they will not finally come into their own until the rugger posts have been taken down. Although these have been leaning at a dangerous angle for the past few weeks, they are required to stand until Wednesday next, when a seven-a-side match is to be played here.

A telephone has arrived in the Abernethian Room. I mention this because several people now at Bart.'s have had a hand in its arrival. At the moment it is waiting rather forlornly for a cabinet; when this arrives it will be connected. Of course no one knows when it will actually be in working order.

On April 9th, the hospital co-operated in an A.R.P. Exercise held in St. Albans. We received casualties neatly diagnosed by label, conveyed them to the Reception Hall, where the diagnosis was briskly confirmed by the distinguished variety of people present—even including students—and the patients were then conveyed to a selected ward. We were amused to see a boy whose label announced that blood was spurting from his abdomen, sitting up and drinking a cup of tea with evident enjoyment. The early restoration of fluids is clearly all-important. The disposal of blankets and discharged patients presented a problem, especially in one case where a child insisted that it must take back the same blankets that it had brought. On further questioning, we learnt that this casualty came from a laundry, and that the blankets belonged to a customer.

D. V. B.

A debate for all the sector was held in the A.R. at Hill End, on Wednesday, March 11th, at 6 p.m. Dr. Spence was in the chair and the motion before the house was "That the practice of apprenticing medical students to doctors should be revived."

Dr. Geoffrey Evans proposed the motion, and said that he did not suggest any shortening of the hospital course of training, but hospital life was not an adequate preparation for general practice, one of its great drawbacks being that it led to a sense of lack of responsibility. The art of the correct approach to each patient could only be learnt in practice, and it was essential to learn it, for "Most of us are pretty irritating to the majority of people we meet!" Again hospital experience was inaccurate for forming a prognosis, and finally, to get a complete picture of a case it was essential to see the patient in his own home.

Professor Paterson Ross, leading the Opposition, warned his hearers that Dr. Geoffrey Evans had been selling them his personality. The idea of reviving apprenticeship was a revolt against lectures—but clinical lectures approximated to the practical teaching of a master—and secondly against examinations—but the old apprentices had examinations, and in Latin! There were many disadvantages of apprenticeship, and one was that busy practitioners were the masters required, and they were just the men unable to keep in touch with modern developments. The old apprentices often had bad masters; not only was their teaching neglected, but also their health and comfort. They might be used for jobs which had no relation to Medicine, or on the other hand they might be given an undue responsibility. Moreover, the fees for apprenticeship were high, while the apprentice learnt the ideas of one man only. Apprenticeship might well lead to empiricisism.

Mr. Binns seconding the motion said that the prime consideration was the health of the community and that as most students would end in general practice, it seemed obvious that they should have some knowledge of the conditions. Visiting people in their homes was very different from examining them in hospital, and it had been said with some truth that "The most important factor in treatment, is the handling of relatives." He thought there was an ample sufficiency of good practitioners to whom students might be apprenticed. He suggested that after his appointments were completed, the student should take a preliminary qualifying examination, and then be apprenticed for six months to a year. His services should be paid and this would lighten the heavy financial burden on his parents. He would feel that he was part of the medical profession, and he would learn many useful things, such as book keeping, the price of prescriptions, and record keeping, which were not taught in the schools. The practitioner would benefit because he would be kept in touch with modern developments, while his apprentice could do many of the pathological investigations which are so important and which nowadays tend to be neglected.

Mr. R .J. Evans seconding the opposition said he was apprehensive of speaking against Dr. Geoffrey Evans but he felt that in a hospital there were the ideal conditions for treating disease, and he believed that the G.P. would disappear and be replaced by clinics. These would bridge the gap between reality and ideals, for if the student were to go out into practice he would soon be disillusioned by the "certificate menace" or "Confetti practice" which the modern G.P. was faced with. The art of improvisation could best be learnt by careful observation of the best teachers. Finally every hospital should have a "district" attached to it similar to the "midder district" and this would give experience equivalent to that obtained in general practice.

The Chairman, Dr. Spence, told the story of a G.P. dealing with between forty and fifty patients in twenty minutes, contrasting this with the position in

hospital where all the serious diseases could be seen in the wards and all the minor ones in the casualty department.

Summing up, Professor Ross said that the handling of relatives could not be taught, and attempts to do so would destroy confidence. Dr. Geoffrey Evans reiterated the importance of knowing a patient's environment.

The motion was defeated by 21 votes to 9.

The Secretary proposed a vote of thanks to the Chairman and speakers for appearing in spite of the very bad weather conditions. It was carried unanimously.

BIRTHS

DALLEY.—On March 6th, 1942, at Fulmer Chase, Fulmer, Bucks, to Joan (née Mooney), wife of Capt. G. Dalley, Temp. R.A.M.C.—a son.

JACK.—On March 16th, 1942, at Woking Maternity Home, Heathside Road, Woking, to Beryl (née Johnston), wife of Captain R. D. S. Jack, R.A.M.C.—a daughter.

THOMPSON.—On March 21st, 1942, at the West End Nursing Home, Esher, to Marjorie (née Bispham), wife of Captain J. R. O. Thompson, R.A.M.C.—a son.

BEHRMAN.—On March 25th, 1942, at the London Clinic, to Doris (née Engelbert), wife of Dr. Simon Behrman, of Harley Street—a daughter.

HINDS HOWELL.—On April 3rd, 1942, at The Clinic, Harley Street, W.1, to Jasemine (née Greenaway), wife of Major Anthony Hinds Howell, R.A.M.C.—a daughter (Rosamund).

RIDSDILL SMITH.—On March 31st, 1942, to Mary (née Latham), wife of Thomas Ridsdill Smith, Brecon House, Wantage, Berks.—a son.

ENGAGEMENTS

STUBBS—RAWLING.—The engagement is announced between F./O. Stewart D. Stubbs, only son of Mr. and Mrs. Charles Stubbs, of Hertford, and Jean Bathe, elder daughter of the late Louis Bathe Rawling, F.R.C.S., and of Mrs. Bathe Rawling, of Squabmoor, Exmouth.

MARRIAGES

HELM—HULME.—On February 21st, 1942, at St. Bartholomew-the-Less, Lt. Herbert Gordon Helm, R.A.M.C., to Miss Marjorie Hulme.

PROTHEROE—THOMAS.—On Thursday, March 19th, 1942, at St. Margaret's Church, Mountain Ash, Lt. B. A. Protheroe, R.A.M.C., son of Mr. and Mrs. Protheroe, Barclays Bank House, Porth, to Estella Freeman, daughter of Mr. and Mrs. W. G. Thomas, of Mountain Ash.

DEATHS

ADAMS.—On March 19th, 1942, after a long illness, Francis Philip Adams, M.R.C.S., L.R.C.P., of 54, Shepherd Market, Mayfair, W., son of the late John Adams, F.R.C.S.

WAYLEN.—On March 14th, 1942, at "Cambrai," Devizes, George Swithin Adée Waylen, M.R.C.S., aged 90.

WILLIAMSON.—On March 8th, 1942, peacefully, Charles Frederick Williamson, M.R.C.S., L.R.C.P., L.S.A., of Clerklands, Horley, Surrey, after 55 years' devoted service at Horley.

WILLIAMS.—On March 13th, 1942, suddenly, after a short illness, Cyril Oswald Oxford Williams, M.R.C.S., L.R.C.P., of Loxfield, Uckfield, Sussex.

JOHNSTON.—On February 24th, 1942, Dr. J. H. Johnston (M.Sc. Vict.), 8, Leopold Road, Wimbledon.

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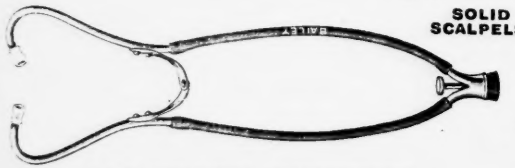

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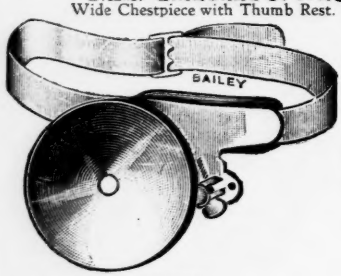

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